(f) The details of departmental action taken against Railway employees besides legal action during the year 1982-83 and 1983-84 are as under:—

Year	Departmental		Legal				
	Major /Minor penalty	Pending enquiry	Prose-cuted	Convi-cted	Pending		Acqui-ttal
					Trial	Enquiry	
1982-83	8	7	201	26	148	21	6
1983-84	4	11	121	13	96	9	3

(g) On Eastern Railway the incidence of theft of fittings is the highest.

Indian Protection and Indemnity Club

1786. PROF. C. LAKSHMANNA: Will the Minister of TRANSPORT be pleased to state:

(a) whether Government are considering to establish an Indian Protection and Indemnity Club for shipping industry;

(b) if so, what are the details thereof together with the functions proposed to be assigned to the club; and

(c) by when it is likely to be" set up?

THE MINISTER OF TRANSPORT (SHRI BANSI LAL): (a) to (c) In view of the constraints in the formation of an Indian P&I Club, as brought out in the report of experts committee appointed by Indian National Shipowners' Association which was submitted to Ministry of Finance in December 1983, the decision to establish an Indian protection and indemnity club for shipping industry has been postponed. Indian shipowners have been permitted to renew the P&I covers with foreign clubs for a period of 2 years with effect from 20.2.85.

Health Plans by 2000 AD

1787. PROF. C. LAKSHMANNA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is fact that Government have plans to ensure health for all by 2000 A.D.; and

(b) if so, what steps have been initiated by Government in this direction with special reference to rural areas where eye diseases specially among the children are rampant due to lack of medical facilities?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI KRISHNA KUMAR): (a) Yes, Sir.

(b) It is proposed to achieve the goal of Health for au by 20» A.D. through:

1. Providing •*ym* Health Guide for ai; average of 1000 rural po-pulationjevery village and at least one trained dai in every village.

2. Providing a sub-centre with one male and one female multipurpose worker for every 5000 rural population in general and for every 3000 population in tribal a ad hilly areas.

3. Upgrading existing rural dispensaries into subsidiary health centres and establishing new Primary Health Centres so as to ultimately have one Primary Health Centre for every 30,000 rural! population in general and for every 20,000 population in tribal and hilly areas.

4. Providing facilities for treatment in basic Specialities at Upgraded Primary Health Centres/ Community Health Centres to be established in a phased manner for every one lakh of rural population.

5. The integrated health services cover among other things, maternal and child health, immunisa-